



The Role of Trauma In Baseline Functioning for Individuals Entering Substance Use Treatment from the Criminal Justice System



Taylor M. Hendrickson¹, Lindsay M.S. Oberleitner², Sherry A. McKee^{2,3}

¹University of Bridgeport, ²Department of Psychiatry, Yale University School of Medicine and ³Women's Health Research at Yale

Abstract

Problems- Trauma and post-traumatic symptoms have a profound effect on the lives of the individual. We know that rates of post-traumatic stress disorder range from 3-10% in the general population, however, rates of trauma, and the impact of trauma on other areas of functioning for individuals in the criminal justice system are less clear. The purpose of the current study was to determine the rate of trauma and the relationship of trauma to substance use and other psychiatric diagnoses in individuals who are referred to a forensic drug treatment center in New Haven, CT for evaluation.

Methods- Participants were 145 men and women who were referred by the criminal justice system (ongoing court case or at risk of violation of probation) for a substance use evaluation. Data was collected at the clients' initial visit to the treatment facility. Trauma was assessed by self-report on the PTSD Checklist – Civilian (PCL-C) version. This study compared the effects of a positive symptomatic score for PTSD on the PCL-C with demographic information and key factors upon admission to the treatment program.

Results- Individuals entering the substance use program with self-reported trauma also evidenced poorer baseline functioning in general. This included higher rates of mood and anxiety disorder diagnoses, suicidal ideation, and substance use disorders. Additionally, of importance to this population, individuals reporting trauma evidenced greater number of days incarcerated in the past 30. Interestingly, no gender difference was observed in the rates of trauma.

Implications- Overall, the results of this study suggest that PTSD correlates with negative baseline characteristics as expected based on prior research; however there are unique differences in rates of PTSD in the criminal justice population as compared to the general population.

Background

Prevalence estimates suggest that rates of substance abuse among individuals with PTSD may be as high as 60–80%, while the rates of PTSD among substance abusers is between 40% and 60% (Donovan et al., 2001).

One study documented a lifetime prevalence rate for PTSD among incarcerated men at 33% (Ehlers et al., 2000), more than 4 times higher than the rate for men in the general population.

A separate study documented that women with PTSD were significantly more likely to relapse than women without and men with PTSD were more likely to enter community aftercare treatment and recidivate than those without (Kubiak, 2004).

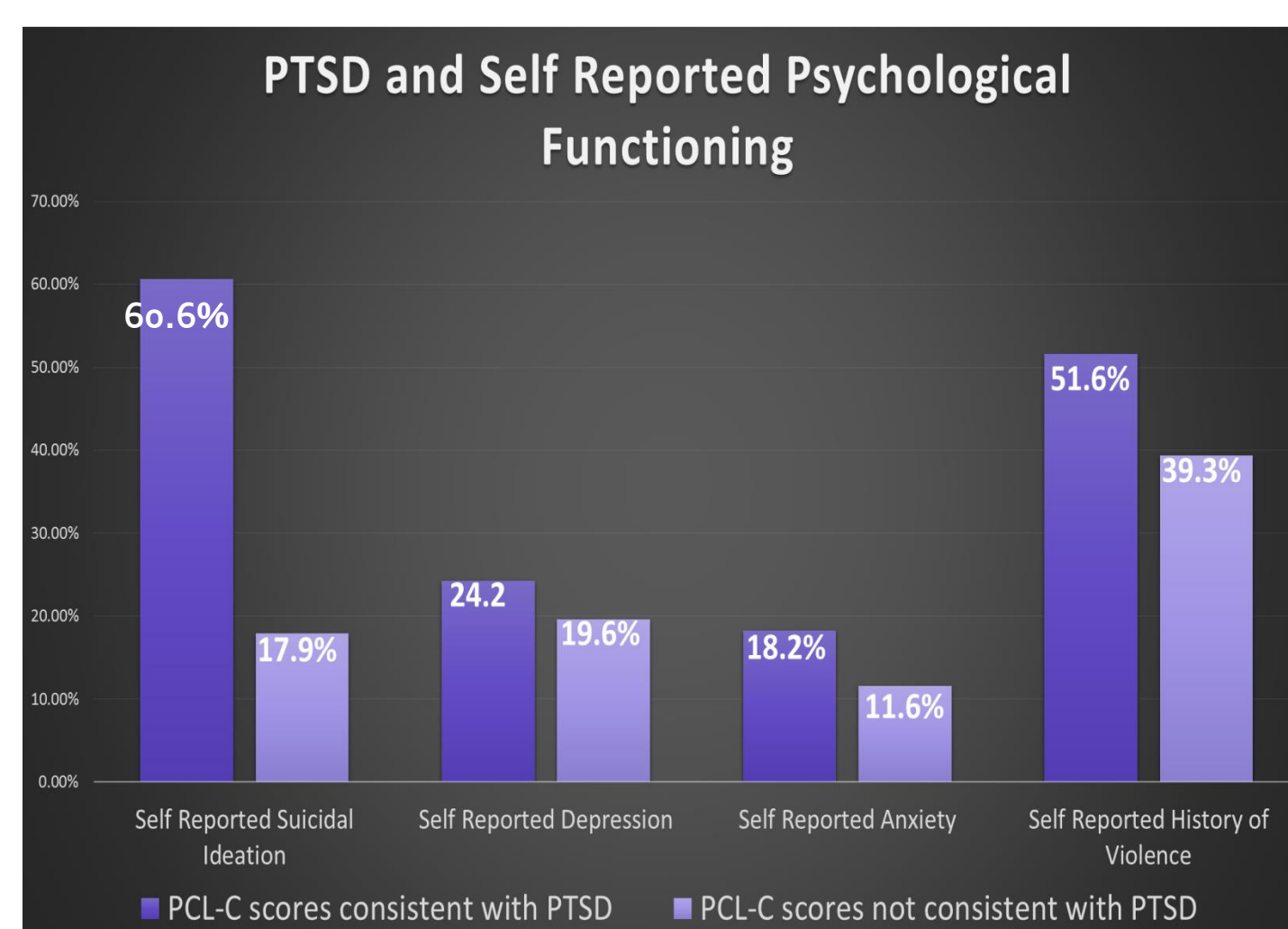
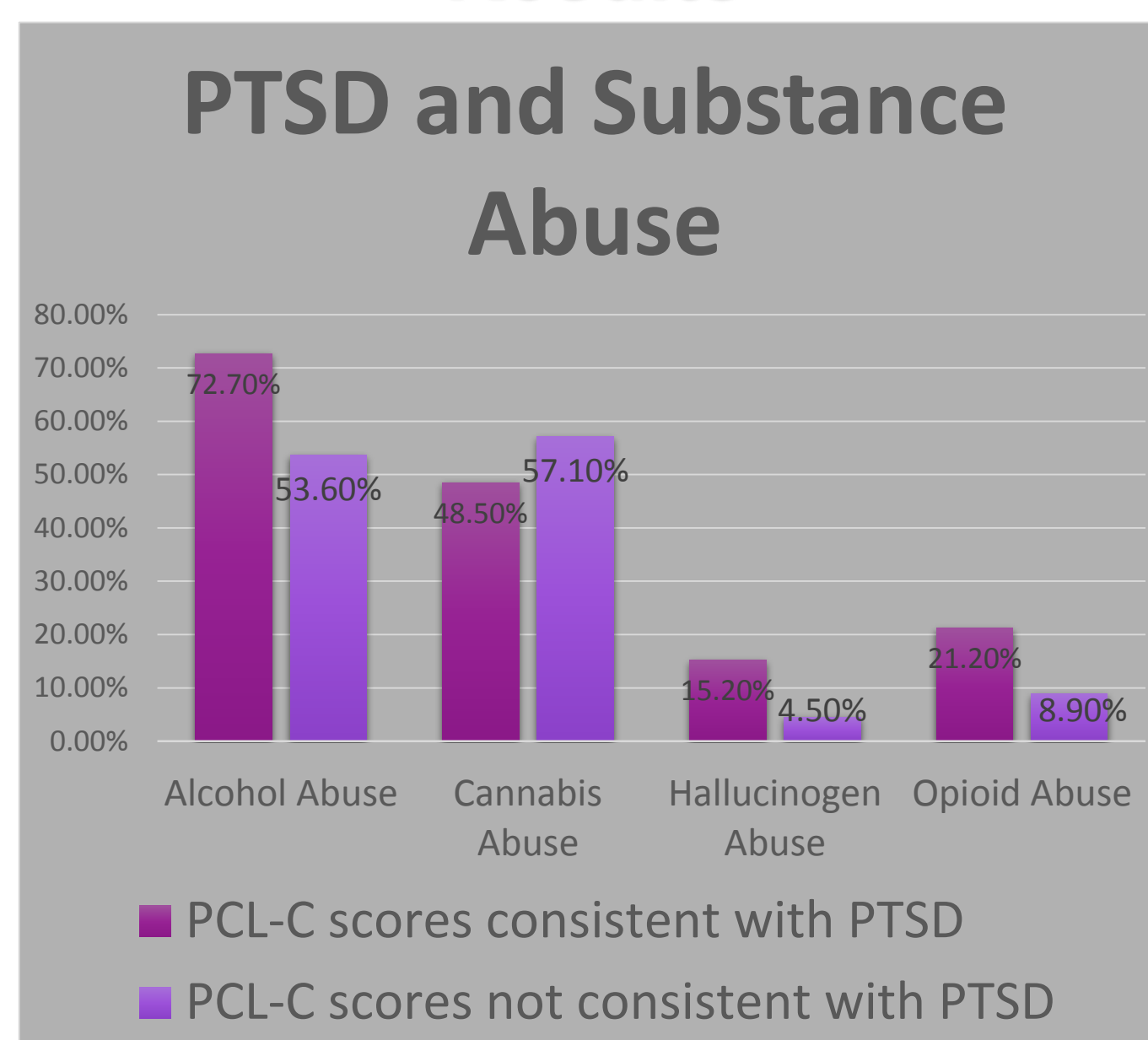
Methods

Participants were men and women referred by the criminal justice system for a substance use evaluation (n=145).

Outcome variables included demographic information including gender, results from the Beck Depression Inventory (BDI), substance abuse history/diagnoses (clinical diagnoses at baseline on the Addiction Severity Index; ASI), incarceration, self-reported depression, anxiety, and history of violence towards others and past suicidal ideation.

Predictor variables included trauma assessed by self-report on the PTSD Checklist – Civilian (PCL-C) version.

Results



Objectives

To examine the association of trauma and symptomatic Post Traumatic Stress Disorder in relation to depression, anxiety, suicidal ideation, and substance abuse in individuals referred from the criminal justice system.

Summary of Results

Of the 145 who completed the PCL-C, 33 tested as symptomatically positive for PTSD (22.8%).

It was found to be significantly more likely to meet requirements consistent with clinical depression on the BDI if participants met the standards for PTSD on the PCL-C ($\chi^2(143)=21.39, p<.001$).

No difference in cannabis abuse between those who were and those who were not positive on the PCL-C. However, those with positive PCL-C scores were more likely to meet for alcohol abuse ($p=.05$), hallucinogen abuse ($p=.033$), and opioid abuse ($p=.05$).

Participants who had PCL-C scores consistent with PTSD were significantly more likely to report suicidal ideation ($p<.001$), depression (24.2% compared to 19.6%), anxiety (18.2% compared to 11.6%), but were no more likely to report a history of violent behavior.

It was found to be more likely for participants positive for PTSD on the PCL-C to report incarceration in the previous 30 days ($\chi^2(143)=2.96, p=.09$).

Gender did not play a significant role in the relationship between PTSD and substance abuse, self reported psychological functioning, or measured depression.

Conclusions

Suggests that PTSD correlates with negative baseline characteristics as expected based on prior research; however there are unique differences in rates of PTSD in the criminal justice population as compared to the general population.

PTSD correlates with self-reported depression, anxiety, and past suicidal ideation, as well as a measured depression on the BDI, which shows that both self-reported emotions and measured standardized emotions are both affected by symptomatically positive scores for PTSD on the PCL-C.

There is little research done on the role of trauma and PTSD on psychological functioning, depression, and substance abuse in forensic treatment settings. This is relevant because these findings suggest that PTSD plays a negative role in a multitude of baseline characteristics, indicating that we should measure and take in to consideration PTSD during the evaluation of court or probation referred individuals.